

## **Exhibit A**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:	)	Chapter 11
	)	
W. R. GRACE & CO., <i>et al.</i> ,	)	Case No. 01-1139 (JKF)
	)	(Jointly Administered)
<u>Debtors.</u>	)	

**AFFIDAVIT OF DR. DAVID WEILL**

DR. DAVID WEILL, M.D., first being duly sworn, deposes on his oath and states as follows:

1. I am Dr. David Weill, M.D.. My address is 565 Washington Ave. Palo Alto, CA 94301. I am executing this affidavit on behalf of W.R. Grace in the bankruptcy proceeding styled *In re W.R. Grace & Co. et al.*, Case No. 01-1139 (JKF). I have personal knowledge of all statements made in this affidavit. I would be willing to testify at trial and under oath as to all statements contained in this affidavit.

2. I specialize in pulmonary and critical care medicine. I am the Director, Lung and Heart-Lung Transplant Program at Stanford University. In my capacity of Director, I have primary responsibility for assessing whether individuals are appropriate candidates for lung transplants based on a review of that individual's medical charts, x-rays, and HRCTs. Typically, the medical charts, x-rays, and HRCTs are sent to Stanford Hospital for my review and then subsequently returned to the treating physician, hospital, or custodian of the medical records. I am also an Associate Professor, Division of Pulmonary and Critical Care Medicine, at Stanford University.

3. My curriculum vitae is attached as Exhibit A.

4. My research has focused on heart and lung transplant as well as occupational lung diseases, including asbestos-related diseases. I have published numerous articles in peer review journals, including articles about diagnosing non-malignant diseases related to asbestos. A list of all of my publications is included in Exhibit A.

5. I am certified in Pulmonary Medicine by the American Board of Internal Medicine. I am a certified Transplant Physician by the United Network for Organ Sharing. I am also a certified NIOSH B-reader.

6. The chest x-ray is an important diagnostic tool, especially in the context of assessing somebody who may have interstitial lung disease or a malignancy in the lung or pleura. All clinical chest physicians recognize the importance of having an original high quality chest radiograph as opposed to a copy of the radiograph. When assessing a potential lung transplant candidate, I request that a physician, hospital, or custodian of the medical records send an original x-ray as opposed to a copy.

7. Sending original x-rays to a medical professional for a medical assessment is a common practice in the medical community. As Director of the Stanford Lung and Heart Transplant Program, I have assessed approximately 240 referrals to the transplant program. When we assess a potential referral, we are sent all of that patient's original x-rays as well as any HRCTs that exist for that patient. I do not recall ever relying on an x-ray copy. In each instance, the x-rays have been read and returned to the proper custodian. We have not misplaced any x-rays for these approximately 240 potential transplant candidates.

8. Individuals diagnosed with a respiratory illness typically have more than one x-ray. This is especially true for individuals with a malignancy who may have as many as 50 x-rays as well as HRCTs. Accordingly, it is unlikely that if a medical emergency arose while an

individual's x-ray was in the possession of the central repository that a doctor would not have access to an x-ray for a given patient. Moreover, to the extent that there is an HRCT for that patient, in the clinical setting, a doctor would be more likely to rely on the HRCT as opposed to the x-ray when assessing the patient.

9. In determining whether lung cancer is asbestos-attributable, the chest radiograph plays an essential role. More specifically, it is my opinion that lung cancer can only be asbestos attributable if there is radiographic evidence of asbestosis. Accordingly, if an individual does not have radiographic evidence of asbestosis, it is my opinion that the individual's lung malignancy was not caused by asbestos exposure.

DATED this 17 day of November, 2006.

Dr. David Weill

Dr. David Weill

SUBSCRIBED AND SWORN to me before this 17 day of November, 2006.

*Please see California jurat wording  
at left*

State of California County of  
SANTA CLARA

Notary Public for the State of California  
Residing at:

Subscribed and sworn to (or affirmed)  
Before me on this 17 day of NOV, 2006, by  
DAVID WEILL

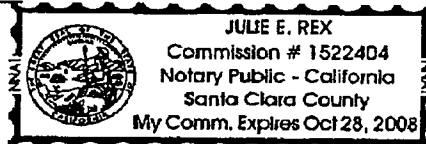
My Commission Expires: \_\_\_\_\_

~~personally known to me or proved to me on  
the basis of satisfactory evidence to be the  
person(s) who appeared before me.~~

Signature

Julie E. Rex

(Seal)



**CURRICULUM VITAE**

**DAVID WEILL, M.D.**

**PERSONAL DATA**

Date of Birth: March 25, 1964  
Place of Birth: New Orleans, Louisiana  
Social Security: 437-21-8226  
Office Phone: 650-725-7329  
Office Fax: 650-725-5489  
Electronic mail: dweill@stanford.edu

**APPOINTMENTS**

January 2006

Associate Professor, Division of Pulmonary and Critical Care Medicine  
Director, Lung and Heart – Lung Transplant Program  
Stanford University Hospital and Clinics  
Palo Alto, California

Mailing address:  
Division of Pulmonary and Critical Care Medicine  
Stanford University Medical Center  
300 Pasteur Drive, Rm H3143  
Stanford, CA 94305-5236

**EXPERIENCE**

June 2002 – Present

Associate Professor, Division of Pulmonary and Critical Care Medicine

Associate Director, Lung Transplant Program  
Attending Physician, Surgical Intensive Care Unit  
University of Colorado Health Sciences Center  
Denver, Colorado

December 1999 – May 2002

Associate Professor, Division of Pulmonary and Critical Care Medicine  
Medical Director, Lung Transplant Program  
University of Alabama at Birmingham  
Birmingham, AL

July 1996 – November 1999

Medical Director, Lung Transplant Program  
Director, Pulmonary Rehabilitation  
Medical City Hospital  
Dallas, TX

### **JOURNAL EDITORSHIPS**

Associate Editor, The Journal of Heart and Lung Transplantation  
1999 – Present

Associate Editor, Current Cardiology Reviews  
2004 – Present

Editorial Consultant, Asbestosis  
Physicians' Information and Education Resource, American College of Physicians  
2005 – Present

### **VISITING PROFESSORSHIP**

2004                      National Institute of Occupational Medicine and Poison Control  
Beijing, China

### **EDUCATION**

1990 MD, Tulane University School of Medicine

1985 BA, Tulane University

### **PROFESSIONAL TRAINING**

1995-1996 Fellow, Lung Transplant Program  
University of Colorado Health Sciences Center  
Denver, CO

1993-1996 Fellow, Division of Pulmonary and Critical Care Medicine  
University of Colorado Health Sciences Center  
Denver, CO

1990-1993 Resident, Internal Medicine  
University of Texas Southwestern Medical Center  
Dallas, TX

### **CERTIFICATIONS**

2005 B Reader  
National Institute of Occupational Safety and Health

1996 Transplant Physician  
United Network for Organ Sharing

1996 Pulmonary Medicine  
American Board of Internal Medicine

1993 Internal Medicine  
American Board of Internal Medicine

## **LICENSURE**

California	# C 52127
Alabama	#23173
Texas	#K1127 (inactive)
Colorado	#33593
Louisiana	#021066 (inactive)

## **PROFESSIONAL AFFILIATIONS**

American Society of Transplant Physicians  
American Thoracic Society  
American College of Chest Physicians  
International Society of Heart and Lung Transplantation

## **LABORATORY EXPERIENCE**

Webb-Waring Lung Institute  
Mentor: John E. Repine, M.D.  
University of Colorado Health Sciences Center  
1994-1995

## **AWARDS**

Best Doctors in America, 2003 -2004

## **GRANTS**

Nostix, Inc.  
Non-Invasive Critical Care Monitor  
Principal Investigator  
2002-Present

Fujisawa Healthcare, Inc.  
Comparison of a de novo tacrolimus/sirolimus/prednisone regimen versus  
tacrolimus/azathioprine/prednisone immunosuppressive regimen in lung transplantation  
Principal Investigator



2001-2003

Medimmune

The Efficacy of Combination Prophylaxis in Preventing CMV Infections

Principal Investigator

2000-2001

Roche Laboratories

The Pharmacokinetics of Mycophenolate Mofetil Following Lung Transplantation

Principal Investigator

2000-2002

Novartis Pharma AG

Multi-Center Study Comparing Rapamycin to Azathioprine in Lung Transplant Patients  
at Risk for Bronchiolitis Obliterans Syndrome

Co-Principal Investigator

2000-2002

Sangstat Medical Corporation

Celsior Storage Solution for Donor Lungs Prior to Lung Transplantation

Co-Principal Investigator

2000-2001

## **JOURNAL REVIEW ACTIVITIES**

The Journal of Heart and Lung Transplantation

American Journal of Transplantation

Chest

## **CONSULTING**

### **Governmental:**

Senate Judiciary Committee Testimony

Asbestos and Mixed Dust Disease

February 2005

Texas State Legislature Testimony

House Bill 8 Regarding Asbestos and Silica

March 2005

## **SCIENTIFIC ADVISORY COMMITTEES**

Medical Technologies International, Inc.  
2003 – present

Sangstat  
Polyclonal Antibodies in Heart and Lung Transplantation  
1996-2001

Medimmune  
Role of Cytomegalovirus Hyperimmune Globulin after Lung Transplantation  
1996-2001

## **NATIONAL COMMITTEES**

National Lung Review Board  
UNOS  
2005 - present

United Resources Network  
United Healthcare  
Thoracic Transplant Advisory Committee  
2004-present

Aetna Thoracic Transplant Advisory Committee  
Aetna Insurance Company  
2003-present

Working Group on Primary Lung Graft Failure  
International Society of Heart and Lung Transplantation  
2003-present

American Society of Transplantation  
Maximizing Cadaveric Organ Utilization, Lung Section  
Crystal City, Virginia  
2001

## **HOSPITAL COMMITTEES**

Finance Committee  
Division of Pulmonary and Critical Care

University of Colorado Health Sciences Center  
2004 – present

Antimicrobial Subcommittee, Pharmacy and Therapeutics Committee  
University of Colorado Health Sciences Center  
June 2002 - Present

## NONPROFIT ORGANIZATIONS

Board Member  
Legacy Donor Foundation  
New Orleans, Louisiana  
2000 - 2002

Council Member  
Benevolent Fund  
University of Alabama at Birmingham  
2000 - 2002

Mentor  
Minority Medical Education Program  
University of Alabama at Birmingham  
2000 - 2002

## PUBLICATIONS

### ORIGINAL RESEARCH

**Weill D, Hodges TN, Torres F, and Zamora MR. Acute native lung hyperinflation is not associated with a poor outcome following single lung transplantation for emphysema**

Journal of Heart and Lung Transplantation 1999;18:1080-1087

**Weill D, McGiffin DC, Zorn GL, Alexander CB, Early LJ, Kirklin JK, and Young KR. The utility of open lung biopsy following lung transplantation**

Journal of Heart and Lung Transplantation 2000;19(9):852-857

**Weill D, Mack MJ, Roth J, Swisher S, Proksch, Merritt J, and Nemunaitis J. Adenoviral-mediated p53 gene transfer to non-small cell lung cancer through endobronchial injection**  
Chest 2000;118:966-70

**Weill D and Zamora MR. Comparison of the efficacy and cost effectiveness of preemptive therapy as directed by CMV antigenemia and prophylaxis with ganciclovir in lung transplant recipients (letter)**  
Journal of Heart and Lung Transplantation 2000;19(8):815-6

**Weill D, Dey GC, Hicks RA, Young KR, Zorn GL, Kirklin JK, Early L, and McGiffin DC. A positive donor gram stain does not predict outcome following lung transplantation**  
Journal of Heart and Lung Transplantation 2002;21(5):555-8

**Weill D, Lock BJ, Wewers DL, Young KR, Zorn GL, Early L, Kirklin JK, and McGiffin DC. Combination prophylaxis with ganciclovir and cytomegalovirus immune globulin after lung transplantation: Effective CMV prevention following daclizumab induction**  
American Journal of Transplantation 2003;3(4):492-496

**Weill D and Weill H. Diagnosis and initial management of nonmalignant diseases related to asbestos.**  
Am J Respir Crit Care Med. 2005 Mar 1;171(5):527-528

**Astor TL and Weill D. Extracorporeal photopheresis in lung transplantation.**  
Journal of Cutaneous Medicine and Surgery 2003 Sep 9

**Dransfield MT, Garver RI, and Weill D. Standardized guidelines for surveillance bronchoscopy reduce complications in lung transplant recipients**  
Journal of Heart and Lung Transplantation 2004; 23(1):110-4

**Zamora MR, Nicolls MR, Hodges TN, Marquesen J, Astor TL, Grazia T, and Weill D. Following Universal Prophylaxis with Intravenous Ganciclovir and Cytomegalovirus Immune Globulin, Valganciclovir is Safe and Effective for Prevention of CMV Infection Following Lung Transplantation.**  
American Journal of Transplantation 2004 Oct;4(10):1635-42

**Christie JD, Carby M, Bag R, Corris P, Hertz M, and Weill D. Report of the ISHLT Working Group on Primary Lung Graft Dysfunction Part II: Definition. A Consensus Statement of the International Society for Heart and Lung Transplantation.**  
Journal of Heart and Lung Transplantation 2005 Oct;24(10):1454-9

**Beaver TM, Fullerton DA, Weill D, and Grover FL. Colon perforation after lung transplantation**

Annals of Thoracic Surgery 1996;62:839-843

**Terada LS, Hybertson BM, Weill D, and Repine JE. XO increases neutrophil adherence to endothelial cells by a dual mechanism**

Journal of Applied Physiology 1997;82(3):866-873

**Badesch DB, Zamora MR, Weill D, and Schwarz MI. Pulmonary capillaritis: a possible histologic form of acute allograft rejection**

Journal of Heart and Lung Transplantation 1998;17(4):415-422

**Nemunaitis J, Swisher SG, Mack M, Weill D, Merritt J, and Roth J. Adenovirus-mediated p53 gene transfer in sequence with cisplatin to tumors of patients with non-small cell lung cancer**

Journal of Clinical Oncology 2000;18(3):609-622

**Schmidt F, McGiffin DC, Zorn G, Young KY, Weill D, and Kirklin JK.**

**Management of congenital abnormalities of the donor lung**

Annals of Thoracic Surgery 2001;72(3):935-7

**Zorn GL, McGiffin DC, Young KR, Alexander CB, Weill D, and Kirklin JK.**

**Pulmonary transplantation for advanced bronchioloalveolar carcinoma**

Journal of Thoracic and Cardiovascular Surgery 2003;125(1):45-8

**Astor TL, Weill D, Schwarz MI, Cool C, Teitlebaum I, and Zamora MR. Pulmonary capillaritis in lung transplant recipients: response to therapy and effect on long-term allograft function**

Accepted, Journal of Heart and Lung Transplantation, 2005

## **EDITORIALS and REVIEWS**

**Weill D. Role of cytomegalovirus in cardiac allograft vasculopathy**

Transplant Infectious Disease 2001 Suppl 2:3:44-48

**Weill D and Keshavjee S. Lung Transplantation for Emphysema: Two Lungs or One**

Journal of Heart and Lung Transplantation 2001;20(7):739-742

**Weill D. Donor criteria in lung transplantation: an issue revisited**

Chest 2002;121:2029-2031

**Weill D. Twenty years of lung transplantation: areas of improvements and challenges**

Minerva Pneumologica 2003;42:139-57

**Weill D and Zamora MR. The role of respiratory viruses in lung transplantation**  
Invited Review, American Journal of Transplantation, 2004

## **CHAPTERS**

**Weill D and Make B. Oxygen Conserving Devices**  
Long-Term Oxygen Therapy, New York: Marcel Dekker, 1994; 234-256

**Weill D and Zamora MR. Postoperative care in lung transplantation**  
Seminars in Respiratory Medicine 1996; 17(2): 159-165

**Weill D, Rose C, and King TE. Treatment and prognosis of hypersensitivity pneumonitis**  
UPTODATE in Pulmonary and Critical Care Medicine, 1997, American Thoracic Society

**Weill D, Mack MJ, and Tennison D. Adverse effects of medications commonly administered to thoracic surgical patients**  
Chest Surgery Clinics of North America, Medical Complications of Thoracic Surgery, August, 1998

**Weill D. Lung Transplantation**  
Textbook of Critical Care, 5<sup>th</sup> Edition, Editors: Fink, Abraham, Vincent, Kochanek, 2005

**Astor TL and Weill D. Oxidative Lung Injury**  
Textbook of Critical Care, 5<sup>th</sup> Edition, Editors: Fink, Abraham, Vincent, Kochanek, 2005

## **SELECTED ABSTRACTS**

**Weill D, Lock B, McGiffin DC, Zorn GL, Wewers DL, Early LJ, Kirklin JK, and Young KR. Combination prophylaxis using CMV IVIG and ganciclovir reduces the incidence of cytomegalovirus infection following lung transplantation**  
Presented at the American Transplant Congress, April 2002, Washington, D.C.

**Weill D, McGiffin DC, Zorn GL, Alexander CB, Early LJ, Kirklin JK, and Young KR. The utility of open lung biopsy following lung transplantation**  
Presented at the 4<sup>th</sup> International Congress on Lung Transplantation, September 2000, Paris, France

**Zorn GL, McGiffin DC, Young KR, Alexander CB, Weill D, and Kirklin JK. Pulmonary transplantation for bronchioloalveolar carcinoma**

Presented at Annual Meeting, American Society of Transplant Surgeons, May 2000,  
Chicago, IL

**Borker SS, Zorn GL, McGiffin DC, Young KR, Weill D, and Kirklin JK. Native  
lung volume reduction after single lung transplant for emphysema**

Presented at Annual Meeting, American Society of Transplant Surgeons, May 2000,  
Chicago, IL

### **SELECTED PRESENTATIONS**

An Update on Lung Transplantation

University of West Virginia Medical School, Pulmonary Grand Rounds  
December, 2004

Current Aspects of Lung Transplantation

University of Texas-Southwestern, Pulmonary Grand Rounds  
September, 2004

Post Transplant Thoracic Malignancies

Texas Transplant Society Annual Meeting  
June, 2003

An Update on Bronchiolitis Obliterans Syndrome

University of Southern California Medical School, Pulmonary Grand Rounds  
June, 2003

Expanding the Donor Pool

American Society of Transplant Physicians and Surgeons  
March, 2003

Lung Transplantation for COPD: Two Lungs, One, or None

Cardiothoracic Transplantation: An International Update  
February, 2003

Photopheresis in Lung Transplantation

Johns Hopkins Medical School  
November, 2002

Lung Transplantation: An Update

University of Colorado Health Sciences Center, Medical Grand Rounds  
October, 2002

Expanding the Donor Pool

Oregon Health Sciences Center Transplant Grand Rounds

February, 2002

Cytomegalovirus Infections in Thoracic Transplantation  
University of Texas – San Antonio Transplant Grand Rounds  
February, 2002

An Update on Immunosuppression  
Indiana University/Methodist Hospital Transplant Grand Rounds  
December, 2001

A Positive Donor Gram Stain Does Not Predict the Development of Pneumonia, Oxygenation, or  
Duration of Mechanical Ventilation Following Lung Transplantation  
International Society of Heart and Lung Transplantation  
April, 2001

Lung Transplantation for Bronchioloalveolar Carcinoma  
Cardiothoracic Transplantation 2001: An International Update  
February, 2001

The Utility of Open Lung Biopsy Following Lung Transplantation  
4<sup>th</sup> International Congress on Lung Transplantation  
September, 2000

Late Complications Following Lung Transplantation  
Lung Transplantation 2000, Mount Sinai Medical Center  
September, 2000

Current Aspects of Lung Transplantation  
Medical Grand Rounds, University of Alabama-Birmingham  
July, 2000

Impact of Donor Gram Stain on Recipient Outcome Following Lung Transplantation  
International Society of Heart and Lung Transplantation  
April, 2000

Acute Native Lung Hyperinflation Following Single Lung Transplantation for Emphysema  
International Society of Heart and Lung Transplantation  
April, 1999

p53 Oncogene Transfers to Non-Small Cell Lung Cancers  
American Association of Thoracic Surgeons  
May, 1998

Tolerance to Acute Lung Injury



Louisiana State University Pulmonary Grand Rounds  
June, 1997

### **SELECTED SESSION CHAIRMANSHIPS**

Moderator, Controversies in Cardiothoracic Transplantation  
Cardiothoracic Transplantation: An International Update, Vail, CO  
February 22, 2003

Moderator, Moderated Poster Session, Clinical Lung Transplantation  
International Society for Heart and Lung Transplantation, Osaka, Japan  
April 6, 2000

### **EDUCATIONAL ACTIVITIES**

Trainees: Todd Astor, M.D.  
July 2002-June 2004  
Lung Transplant Fellowship, UCHSC

Kevin Leon, M.D.  
July 2001-June 2002  
Lung Transplant Fellowship, UAB

Keith Wille, M.D.  
July 2000-June 2001  
Lung Transplant Fellowship, UAB

#### **Curriculum Development:**

Lung Transplant Fellowship, University of Alabama – Birmingham  
1999-2002

## **AREAS OF INTEREST**

Lung Transplantation  
Occupational Lung Diseases  
Cystic Fibrosis  
Pulmonary Hypertension